



**WESTMINSTER**  
ACADEMY

Biblical Fidelity | Devotional Vitality | Intellectual Integrity

**TEACHER QUESTIONNAIRE**  
**Pre-Kindergarten - First Grade**

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**PARENT INSTRUCTIONS**

- Complete student information at the top of the form and sign in order to authorize release of school records
- Provide the form to your current teacher
- The school official should complete and return this form along with all pertinent records to Westminster Academy via email- [admission@westminsteracademy.org](mailto:admission@westminsteracademy.org)

My child is applying for admission to Westminster Academy. I authorize the release of my child's records and evaluative data to Westminster Academy and hold you harmless for any information provided. Please complete this form and return it directly to the Admissions Office at Westminster via email- [admissions@westminstertampa.org](mailto:admissions@westminstertampa.org).

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STUDENT NAME & GRADE LEVEL APPLYING FOR

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PARENT SIGNATURE & DATE OF REQUEST

**TEACHER INSTRUCTIONS**

Westminster Academy appreciates an honest assessment of the above named student. All information will be kept confidential, will not be shared, nor will it become a part of the applicant's permanent record. Please return this form directly to the Admissions Office of Westminster Academy via email- [admissions@westminstertampa.org](mailto:admissions@westminstertampa.org).

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TEACHER NAME & EMAIL

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SUBJECT(S) & GRADE LEVEL(S) TAUGHT

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SCHOOL NAME

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TEACHER SIGNATURE & DATE

<b>SOCIAL/EMOTIONAL</b>	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Needs Improvement</b>	<b>No Application</b>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separates easily from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to obey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SCHOOL PERFORMANCE</b>	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Needs Improvement</b>	<b>No Application</b>
Small motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neatness/organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dramatic play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Please describe the student's temperament.

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2. Please describe parental involvement and support.

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3. Has outside help been recommended?  Yes  No    Been Given?  Yes  No  
If yes, please explain:

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4. Please describe the child's social and emotional development.

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5. Please describe the child's response to direction and/or correction.

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6. Does the child have special needs?  Yes  No  
If yes, please explain:

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7. Please describe the child's strengths.

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8. Please describe the child's weakness.

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9. Please include any additional information that may be helpful.

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